



**Wilmington VA Medical Center**

**PSYCHOLOGY INTERNSHIP**

**2023-2024**



### **Psychology Internship Program**

Wilmington Veterans Affairs Medical Center  
1601 Kirkwood Highway  
Wilmington, Delaware 19805  
(302) 994-2511

### **MATCH NUMBER: 230311**

**Application Deadline:** November 18, 2022  
**Interviews:** Early- Mid January 2023  
**Internship Start Date:** July 31, 2023

### **Accreditation Status**

The psychology internship at the Wilmington VAMC is not yet accredited by the American Psychology Association; however, has been authorized for an APA site visit. Consequent to ongoing delays caused by the pandemic, our site visit cycle is projected to be in Winter 2023 [January-May]. Graduates of this internship program prior to accreditation are eligible to apply for postdoctoral fellowship positions and employment within the VA.

Questions related to the program's accreditation status should be directed to:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1<sup>st</sup> Street, NE, Washington, DC 2002h  
Phone: (202) 336-5979  
E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: <http://www.apa.org/ed/accreditation>

### **TRAINING DIRECTOR**

Claire Wu, Psy.D.  
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<https://www.va.gov/wilmington-health-care/work-with-us/internships-and-fellowships/psychology-training-internship-program/>

## **TRAINING SETTING**

The Wilmington VA Medical Center is a member of Veterans Integrated Service Network (VISN) 4 and provides a full range of patient care services at the main facility and affiliated Community Based Outpatient Clinics (CBOCs) in Delaware and southern New Jersey.

For nearly sixty years, the VA has worked in partnership with the country's medical and associated health professions schools to provide high quality healthcare to America's veterans and to train new health professionals to meet patient care needs within the VA. In accordance with the Office of Academic Affiliation's mission, "To educate for VA and for the Nation," the Wilmington VA supports training in the areas of psychology, psychiatry, medicine, nursing, dental technology, dietetics, social work, and pharmacy. The Wilmington VA is affiliated with Jefferson Medical College of Thomas Jefferson University and the University of Maryland. More than 200 medical residents receive part of their training at this facility every year. The facility maintains its accreditation by the Joint Commission on Accreditation of Healthcare Organizations, reflecting Wilmington's commitment to quality care.

The Psychology Internship Program is an integral part of the Psychology Service within Behavioral Health Services (BHS), an interdisciplinary department which also includes psychiatry, nursing, social work, and peer support professionals. BHS is comprised of numerous mental health clinics, including: Behavioral Health Interdisciplinary Program (BHIP), PTSD, Substance Use Disorders, Primary Care Mental Health Integration (PCMHI), Eating Disorders, Couples and Family Therapy, Military Sexual Trauma, amongst many others. Additional specialties at Wilmington VAMC that targets Veterans' behavioral health needs include Health Promotion and Disease Prevention, Whole Health, Pain Management, and Community Living Center care (nursing home level care).

The Psychology Internship Training Director coordinates the training program and reports to the Behavior Health Services Chief Psychologist and Associate Chief of Staff- Behavioral Health. Staff psychologists are well-trained in evidence-based methods and provide comprehensive, patient-centered care. As members of interdisciplinary treatment teams, psychologists collaborate with other professionals throughout the hospital to offer assessment and psychotherapy services. We strive to train psychology interns to become professional psychologists with the capacity to meet the needs of a wide range of patients within a variety of settings. Interns have the opportunity to provide care in several areas to ensure a well-rounded training experience.



## **TRAINING MODEL & PROGRAM PHILOSOPHY**

The aim of the Wilmington VA Medical Center's Psychology Internship Program is to develop competent, entry-level psychologists dedicated to delivering proficient, ethical, evidenced-based psychological treatment. Our graduates will demonstrate strong professional and leadership skills in the provision of clinical treatment in a multitude of clinical settings.

The Psychology Internship Program is based on a practitioner-scholar model of professional psychology. Interns are trained to utilize critical thinking and analytical skills in applying empirical knowledge and relevant theoretical frameworks to the veterans they are treating. Our training model provides supervised experiences in professional skills that are sequential, cumulative, and graded in complexity. Our internship prepares interns to function as generalists within a medical center setting, with opportunities to develop skills in specialty areas. We expect our graduates to provide comprehensive assessments of behavioral, cognitive, and emotional problems, to deliver a wide variety of therapeutic interventions tailored to the needs of various clinical settings, to function effectively as consultants in health care settings and as members of treatment teams, and to practice in a highly ethical and professional manner, acknowledging cultural and individual differences and using scientific literature to inform clinical decisions.

Treatment is provided by interdisciplinary teams with a biopsychosocial model as an overarching framework. Consideration of psychological and social functioning in addition to biology improves the understanding of health and disease, as well as the ability of the team to align with and assist veterans. As a member of an interdisciplinary treatment team designed to treat the whole person, interns learn about the perspectives and contributions of other professionals.

Our training program is committed to the provision of recovery-oriented care that maximizes individual strength, promotes human dignity, and values individual difference. The Wilmington VA Behavioral Health Services strives to empower veterans through education regarding their

diagnosis and treatment options. Veterans are treated as educated consumers and work collaboratively with the treatment team to develop an individualized treatment plan that reflects their readiness, needs, and values.

## **TRAINING GOAL & OBJECTIVES**

The goal of the Psychology Doctoral Internship program at the Wilmington VAMC is to develop competent and ethical Psychologists with the requisite knowledge and skills required to practice as generalists in a multitude of clinical settings. The program trains for competency in nine objective domains listed below.

### **Research**

Our scholar-practitioner model of training is incumbent upon a strong emphasis on the integration of science and practice. Interns will be provided the opportunity to engage in a multitude of scholarly activities designed to solidify their scientific knowledge base. Interns will be expected to demonstrate independent ability to critically evaluate current literature (both empirical and theoretical) and its applicability, and successfully disseminate it within the therapeutic milieu.

### **Ethical and Legal Standards**

Ethics is a foundational expectation of all psychological training. Interns will be expected to demonstrate uncompromising professional ethical standards, to display knowledge and adherence to APA Ethical Principles of Psychologists and Code of Conduct. Relevant laws and regulations, at all institutional, local, state, and Federal levels will be upheld; as will relevant professional standards and guidelines. Interns will also demonstrate strength in applying ethical decision-making processes, and to recognize and resolve ethical dilemmas as they arise within clinical practice. Interns will demonstrate awareness of need for supervision/consultation and the use of such as required.

### **Individual and Cultural Diversity**

The Veterans Administration is a dynamic organization that services an ever-diversifying veteran population. Sensitivity towards human diversity and differences will be expected. Interns will be exposed to diversity-specific education throughout their 12-month training, and will be expected to successfully integrate their knowledge into clinical practice. Interns will also be guided towards greater understanding of how their own personal diversity may impact their clinical experiences and seek supervision as required. Ultimately, interns will be expected to demonstrate the ability to independently formulate an approach to effectively working with diverse individual and groups, including the use of culturally-informed rapport building strategies tailored to the individual diversity needs of each case and demonstrating a willingness to address cultural and individual differences within the therapeutic setting.

### **Professional Values and Attitudes**

Interns will be expected to conduct themselves in a professional manner at all times, and to independently respond to increasingly complex and challenging circumstances in a manner that reflects the values of the Veterans Administration and of the profession of psychology. Integrity, accountability, dependability, and responsibility are some of the hallmarks of this program, as is a

commitment to life-long learning and empathy for the welfare of others. Interns will also demonstrate the capacity to consider how personal characteristics can impact professional identifies and functioning. Active seeking of supervision and openness to feedback is paramount to developing and maintaining professional wellbeing and effectiveness.

### **Communication and Interpersonal Skills**

Interns will operate as members of a highly diverse and integrated health-care environment. The ability to effectively communicate within a professional setting will be a strong predictor of success. Interns will be expected to develop and maintain professional relationships with peers and supervisors across a wide spectrum of disciplines and diverse backgrounds. Interns will demonstrate strong understanding of oral, nonverbal, and written communication skills, and of the interpersonal ability to regulate challenging communication needs. The use of professional language and concepts will also be strongly integrated in the interns' personal presentation and interpersonal associations.

### **Assessment**

Interns will be expected to be well-trained in the fundamentals of standardized psychological assessment. Assessment referrals will be taken from a variety of sources within the patient-care setting. Interns will demonstrate growing independence in the selection of assessment measurements based upon referral needs, administration of batteries, scoring, integration of data from multiple sources, interpretation, and clear written/oral feedback of results and implications. All assessment decisions will be made based upon available, up-to-date, and empirically derived research. Interns will also demonstrate awareness of the role of individual and cultural differences and diversity in assessment.

### **Intervention**

Active, supportive, and effective engagement with the Veteran population is integral to the establishment and maintenance of therapeutic success within the clinical setting. Interns will demonstrate the ability to identify therapy goals and develop individualized treatment plans in collaboration with the patients. Interventions will be empirically based and directed by a diversity-focused case conceptualization. Interns will also display awareness of how their own personal diversity and issues can impact therapeutic effectiveness and the role of individual/cultural differences in treatment. Lastly, interns will be expected to develop and facilitate group treatment, and effectively manage the termination of therapy with sensitivity and professionalism.

### **Supervision**

Psychological supervision involves a creative blend of mentoring and monitoring of interns' progress towards competency. As interns at the Wilmington VA progress through several clinical rotations, they will be supervised by a number of licensed Clinical Psychologists, who will serve as role-models and teachers. Additionally, interns will be given the opportunity to apply their knowledge of supervision to the supervision of practicum/extern students and also in peer supervision opportunities. Interns will be expected to demonstrate the ability to effectively exhibit supervisory leadership skills and appreciate how individual characteristics and diversity may impact the supervisory relationship. Awareness of supervision theories and APA ethical guidelines in supervision will be important, as will the ability to utilize supervision and mentoring regarding professional development and growth.



### **Consultation and Interprofessional/Interdisciplinary Skills.**

Interns work as an active member of a dynamic interdisciplinary treatment team, comprised of professionals across therapeutic specialties. Interns will be provided ongoing opportunity to demonstrate knowledge and contribute clinically meaningful information to patient treatment teams. The provision of sensitive and appropriate feedback and guidance to colleagues and other trainees will be expected. Interns will also be expected to demonstrate openness and candidness in receiving feedback in collaborating with other professionals.



## **PROGRAM STRUCTURE**

The Psychology Doctoral Internship program appointment is for 2080 hours, which is equivalent to full-time status for one year. Interns work Monday through Friday from 7:30am- 4:00 pm. Division of internship hours will be approximately 75% supervised clinical duties, 10% formal supervision, 10% didactic and other educational endeavors, and 5% additional duties to be determined based upon individual intern interests and training needs. Face-to-Face direct service will occupy approximately 18 hours of an intern's average week. By the end of the training year, interns can expect that 25% of their total internship hours will have been dedicated to face-to-face psychological services to Veterans. This will be approximately 520 hours.

Specific training experiences are listed below. All clinical activities will occur in the context of recovery-oriented, interdisciplinary care. All treatment plans will be veteran-centered and collaborative.

## **TRAINING EXPERIENCES**

During the 12 month internship year, the interns will work primarily within the general mental health (BHIP) setting, with opportunity for training experiences within specialized clinical settings. The following are examples of available specialized opportunities.

### **MST Clinic**

During the MST rotation, interns gain the knowledge and skills to address the needs of male and female Veterans who have experienced sexual trauma in the military. Interns provide outreach, assessment, treatment planning, and interprofessional consultation, as well as psycho-educational, trauma-focused, and skills-focused interventions. Depending on case assignments and training needs, interns may provide Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE), and will facilitate psychoeducational and skills groups (e.g., STAIR).

### **Whole Health**

Whole Health is an approach to healthcare that is personalized, proactive, and patient driven. On this rotation; interns will have the opportunity to engage in Whole Health informed wellness and clinical programming such as Guided Imagery Group, Health Coaching, CBT for Insomnia, Whole Health for Tobacco Cessation Group, Whole Health for Pain Group, & Whole Health for Diabetes Group. Interns may also participate in development and delivery of employee Whole Health offerings. Additionally, there is ample opportunity for experience developing programming hospital wide and contributing to interdisciplinary treatment teams. At the Wilmington VAMC, the Healthy Living Team also reports to Whole Health. The intern will have opportunity to practice and develop motivational interviewing skills and contribute to the development and implementation of health promotion disease prevention programs for the facility

## **EDUCATIONAL ACTIVITIES**

### **Supervision**

The culture within the Psychology Service is supportive and cooperative. Our training approach reflects this collegial environment and values mentorship and intensive supervision. The training faculty provides at least 4 hours per week of formal supervision, which encompasses 2 hours of individual supervision, 1 hour of group supervision, and 1 hour of additional supervision (i.e. Diversity project). Rotation-specific supervision will also be provided on a regular basis. Informal consultation, with or without the patient present, is also encouraged as needed, as supervisors will be available on site. Training is consistent with a developmental model of transferring knowledge and skills: interns may begin a rotation observing supervisors' clinical work, and then receive



feedback based on direct observation of their own clinical work, followed by increasingly independent practice. Interns receive feedback with regard to the direct patient care they provide. Interns are typically required to audiotape sessions for supervision purposes. Supervision may also include conjoint treatment sessions.

### **Case Conference**

Interns participate in monthly case conferences to sharpen case conceptualization skills. Staff psychologists and interns present patient cases characterized by various challenges in diagnosis or treatment. This learning activity affords interns the opportunity to re-examine their clinical work in a supportive and collegial environment.

### **Didactics**

Interns attend weekly didactic seminars which cover a range of clinical topics relevant to the practice of psychology. The didactic series includes seminars on psychological assessment, psychotherapy, ethics, and multicultural issues, among other topics. In recognition of the importance of interdisciplinary care, several didactics are taught by professionals from other disciplines, and trainees from other disciplines are invited to attend didactics together at times to encourage respect for the contributions of other medical professionals within the VA setting.



## **STIPEND AND BENEFITS**

Interns' stipend is \$28,586. Interns receive a stipend paid in biweekly installments. Interns are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance.

Interns receive paid time off for 11 annual federal holidays and accrue 4 hours of sick leave and 4 hours of annual leave each pay period (approximately 13 days each of annual and sick leaves). Sick and annual leaves accumulate over time, so interns should not plan on taking extended leave early in the training year. Interns may be granted up to 5 days of administrative leave for events related to professional development, such as trainings, conferences, dissertation-related meetings, and post-doctoral interviews.

All other leaves (such a Family Leave or extended healthcare related leaves) will be discussed with the Training Director on an individualized basis and will be consistent with federal leave regulations. This program aims to uphold an accommodating training atmosphere and strives to collaborate with interns to ensure all training requirements are met in a timely manner. Any extended period of leave arrangements will be accompanied by a written agreement of leave plan, which will be developed in collaboration with the Psychology Training Committee and the Director of Clinical Training from the intern's doctoral program.

When providing professional services at a VA healthcare facility, VA-sponsored trainees acting within the scope of their roles at the facility are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679.

## **APPLICATION & SELECTION PROCEDURES**

The Wilmington VAMC Psychology Internship accepts two interns each training year. Applicants must be enrolled in good standing at an APA-accredited clinical or counseling psychology program. Applicants are required to have, at a minimum, 500 hours of assessment and intervention hours.

Applicants are evaluated individually on their clinical experiences, academic performance, letters of recommendation, interests, and dissertation progress. The program seeks applicants who demonstrate an interest in working with a Veteran population, as indicated in their personal statement or evidenced by previous training experience with veterans. As an equal opportunity training program, the internship welcomes and strongly encourages applications from qualified candidates, regardless of gender, age, racial, ethnic, sexual orientation, disability or minority status. The Psychology Training Committee reviews applications to determine goodness-of-fit with our program and interviews qualified applicants. Our site receives applications from all over the country. We adhere strictly to the selection process guidelines established by APPIC and rely on the APPIC website for all application materials; we do not request additional information beyond what is required in the APPIC application.

Eligibility Requirements for VA training are as follows:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any U.S. government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the U.S. Office of Personnel Management; exceptions are very rarely granted.
3. Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees.

### **Interview Process**

We follow all selection process guidelines established by APPIC. This year's selected candidates will be invited for virtual interviews only. The interview process will include, at a minimum, video-conferences with the Training Director and members of the Training Committee. Further information will be provided to selected candidates at the time of invitation. The interview process is an interactive process designed to not only allow us to connect with and appreciate the unique strengths of each candidate, but also allows the candidates to meet us, the facility, and gain a more in depth understanding of our program.

### **Match Process**

We follow the match policies established by APPIC. The only information that we may communicate to applicants prior to the February deadline is whether they are still under consideration for admission. Additional information regarding the match is available through the National Matching Services.

## **ADMINISTRATIVE POLICIES & PROCEDURES**

### **Intern Evaluation and Completion Requirements**

Interns will initially meet with the Training Director and their primary supervisor at the beginning of the year to review their training needs and interests. The Psychology Training Committee will provide practical feedback to interns throughout the year to aid the intern in developing competencies.

The goal of our program is to successfully graduate our interns into professional psychology careers and our program is designed to maximize the prospect for successful completion. The evaluation process mandates early intervention if needed to provide the opportunity for corrective

action and ultimately successful mastery of each competency area. Standardized evaluations will be completed by the interns' supervisors quarterly to allow for feedback and time for the intern to adequately address any problems that may develop. As such, interns will be evaluated on core competencies at 3 months, 6 months, 9 months, and 12 months. The mid-year (6 month) and end-of-year (12 month) evaluation forms will be sent to Interns' graduate programs. When completing this evaluation form, supervisors will gather and integrate the feedback from the various rotation experiences, supplementary experiences supervisors, and other involved multidisciplinary staff. Other internship program staff will provide written strengths and weaknesses to the supervisors to be incorporated into this comprehensive evaluation form.

Intern evaluations are completed with competency rated on a scale between 1 (Novice level) and 7 (Post-Doctoral exit level). It is expected that most interns will progress from ratings of 3 to 5 over the course of the training year. By the 3-month evaluation point, interns are expected to achieve ratings of 3 or higher on all behavioral elements. By the 6-month evaluation point, interns are expected to achieve ratings of 4 or higher on at least 50% of all behavioral elements. By the 9-month evaluation point, interns are expected to achieve ratings of 5 or higher on at least 50% of all behavioral elements. And by the 12-month evaluation point, or end of internship, interns are expected to achieve ratings of 5 or higher at least 75% of behavioral elements. Interns who are performing below these expectations will be given the opportunity to make a change to their learning plan and/or remedial actions may be taken. By the 3-month evaluation period, any evaluation score of 1 will always initiate a remediation plan. After the 3-month evaluation period, any evaluation scores of 1 or 2 will always initiate a remediation plan.

If an intern is not performing at the expected level at any point in the year, a learning plan will be developed with clear and specific expectations agreed upon by the intern and supervisor to help the intern gain the necessary competencies. If an intern continues to underperform, a formal Probation and Remediation Process will be initiated in writing and agreed upon by the intern, primary supervisor, and Training Director. The Training Director retains the right to terminate and deny certification of internship completion to any intern who does not adequately remediate deficiencies documented in writing and written evaluations and/or who do not behave in a manner that is consistent with the American Psychological Association's Ethical standards for Psychologists (2002), Ethical Principles of Psychologists and Code of Conduct (2002, American Psychologist, 57, 1060-1073), or is convicted of a felony crime.

In summary, including the above requirements, successful interns must:

1. Complete 2080 hours of training within 24 months, 25% of which must be face-to-face psychological services to Veteran (approximately 520 hours).
2. Achieve satisfactory ratings on nine core competencies during quarterly evaluations.
3. Not be found to have engaged in any significant ethical wrongdoing.
4. Attend required didactics unless otherwise excused.
5. Must complete all administrative requirements including adequate recording keeping for patient care and program evaluation forms.
6. Interns are expected to complete two diversity projects which includes a presentation to a faculty member and fellow trainees.
7. Interns are expected to complete 2 informal case presentations in group supervision.

8. Interns are expected to provide 1 formal case presentation to the behavioral health department.

### **Program Evaluation**

Our program aims to produce competent, ethical, and diversity-sensitive psychologists who are skilled in providing intervention, assessment, and consultation to other professionals. The interns who complete our program will possess the knowledge, skills and abilities to function as postdoctoral-level psychologists, meaning they are successful in achieving the profession-wide and program-specific competencies.

Interns are encouraged to provide feedback about the program through multiple formats. Interns provide written feedback quarterly about the rotation and supervisory experience. They are encouraged to provide feedback to their clinical supervisors and the Training Director as issues and concerns are raised. At the end of each didactic seminar the Interns provide written feedback about the didactic training. The interns are asked to complete a feedback questionnaire about the internship program at mid-year and end of year, and they meet with the Training Director at the end of the year for an exit interview to share suggested improvements.

### **Policy on Psychology Trainee Self Disclosure**

Consistent with the Ethical Code of the American Psychological Association, psychology trainees are generally not required to self-disclose sensitive topics during application to the program or during the course of training. The only exception is in situations in which an intern's personal problems or condition could reasonably be judged to put patient care, the intern, or clinical and educational operations at risk.

### **Intern Right to Due Process**

See Appendix A

### **Intern Grievance Procedures**

See Appendix B





## **WILMINGTON VAMC PSYCHOLOGY STAFF BIOGRAPHIES**

### **Venice Anderson, Psy.D.**

Dr. Anderson received her doctoral degree in Clinical Psychology at Spalding University in Louisville, KY. She completed her pre-doctoral internship at the Milwaukee VAMC in Wisconsin. Dr. Anderson also held a joint appointment as an Advanced Fellow in Women's Health at the Milwaukee VAMC and the Medical College of Wisconsin. During her fellowship, she worked in a VAMC women's resource center (specialty psychology outpatient clinic) providing psychological services for trauma-related disorders, anxiety, mood, personality, and mental health-related cancer recovery. She also provided a diverse range of psychological services in integrated primary care-mental health, OB/GYN, and reproductive infertility clinics. Her clinical interests include trauma-related disorders, recovery-oriented practices, sleep disorders, reproductive mental health, evidenced-based psychotherapies (e.g., CBT, Cognitive Processing Therapy, Acceptance and Commitment Therapy) and mindfulness-based cognitive therapy interventions. Dr. Anderson serves as this facility's Health Behavior Coordinator, assigned to the Whole Health Service line.

### **Trisha Barclay, Ph.D.**

Dr. Barclay serves the Wilmington VA Medical Center as the Chief of Psychology and as a staff psychologist on the PTSD team. Her primary theoretical orientation is Cognitive-Behavioral. Dr. Barclay received her Ph.D. in Clinical Psychology, with a concentration in Family Science from the Loma Linda University Medical Center. She completed her predoctoral internship at the Stratton VA Medical Center in Albany, NY and her Post-Doctoral training was completed in a collaboration between the Stratton VAMC and Albany Vet Center focusing on PTSD and Trauma. Dr. Barclay's clinical interests include trauma-related disorders, terminal illness, and the use of evidence-based psychotherapies including Cognitive Processing Therapy, Prolonged Exposure, and CBT for Chronic Pain.

### **Cori-Ann Feiner-Escoto, Psy.D.**

Dr. Feiner-Escoto received her master's in clinical psychology from Fairleigh Dickinson University and her doctorate in clinical psychology from Nova Southeastern University. She is licensed in the state of New Jersey. She completed her internship at Ulster County Mental Health in NY. Dr. Feiner-Escoto worked for well over a decade in the New Jersey state prison system, first as a staff psychologist at the Adult Diagnostic and Treatment Center and then as the lead psychologist at Wagner Youth Correctional Facility. She is now a staff psychologist and Behavioral Health Lead at the Northfield CBOC where she specializes in the treatment of PTSD through individual and group therapy. Her primary orientation is cognitive behavioral.

### **Kathryn Johansson, Psy.D.**

Dr. Johansson recently transferred to the Wilmington VAMC from the W.G. "Bill" Hefner VAMC in Salisbury, NC, where she served as a psychologist on the inpatient psychiatric unit since 2019. Her current role in Wilmington is that of a BHIP SUD psychologist. Her primary theoretical orientation is cognitive-behavioral. Dr. Johansson received her doctorate in clinical psychology from La Salle University in Philadelphia, PA. She completed her internship at Ancora Psychiatric Hospital, a New Jersey state hospital. Dr. Johansson has worked with a vast variety of diagnostic presentations including serious mental illness and substance use disorders.

**Rachel Klein, Psy.D.**

Dr. Klein received her B.A. in Sociology from Oberlin College in Oberlin, OH. After working in the social services sector for several years, she returned to school to earn her Psy.D. in Clinical Psychology from Widener University in Chester, PA. Dr. Klein completed her predoctoral training at Belmont Hospital (Eating Disorders and Mood Disorders Units) in Philadelphia, PA and Widener University's Counseling & Psychological Services in Chester, PA. Dr. Klein completed her postdoctoral training at Cambridge Eating Disorders Center in Cambridge, MA. Following her clinical training, Dr. Klein went on to practice in the New Jersey Department of Corrections, providing both therapeutic and assessment services. Additionally, she has provided comprehensive psychological evaluations for the New Jersey State Parole Board and Delaware Public Defender's Office related to issues of competency to stand trial and risk of sexual re-offense. Dr. Klein joined the Wilmington VAMC as a staff psychologist in January of 2020 and is the facility's Eating Disorders clinic lead. Her primary theoretical orientation is cognitive behavioral therapy.

**Jenette Mack-Allen, Psy.D.**

Dr. Mack-Allen received her doctorate of psychology from Widener University in 2005 and completed a Postdoctoral Fellowship in Forensic Psychology at Northern Virginia Mental Health Institute in 2006. From there she went on to be a Unit Psychologist at that facility, and later the Forensic Coordinator, guiding clients in an inpatient psychiatric unit who had been found not guilty by reason of insanity through the graduated release process. Following a move to Delaware, she worked as the Mental Health Director at James T. Vaughn Correctional Center. She is currently licensed in Delaware and works at the Cumberland County CBOC providing outpatient therapy in addition to offering telehealth psychotherapy services to the Kent County CBOC. She is trained in both Prolonged Exposure and Cognitive Processing Therapy for PTSD and runs a Seeking Safety group for veterans suffering from PTSD and substance use disorders. She also offers assessment and training in Emotional Intelligence skills through the WVAMC Department of Education.

**Tori Moskovciak-Welsh, Psy.D.**

Dr. Moskovciak-Welsh received her Psy.D. in clinical psychology with a concentration in health psychology at Nova Southeastern University in Ft. Lauderdale, Florida and her B.A. in psychology and sociology at Rutgers University in New Brunswick, New Jersey. She completed her predoctoral internship at the Louis Stokes Cleveland VAMC and postdoctoral training in Health Psychology-Specialty Medicine emphasis area at the Louis Stokes Cleveland VAMC. Dr. Moskovciak-Welsh has experience working in PC-MHI and the Pain Medicine service lines. Her clinical and research interests are in health psychology, Cognitive-behavioral treatment of chronic pain, Cognitive-behavioral treatment of insomnia, and health behavior change. Dr. Moskovciak-Welsh serves as the Director of the Whole Health Service line.

**Bruce A. Moyer, MSHM, Psy.D.**

Dr. Moyer received his B.A. in Psychology from U of DE, M.S. in Clinical Psychology from F.I.T., and Psy.D. from F.I.T. His internship was at the Perry Point VAMC. He has also obtained a MS in Healthcare Management from FL Tech. Dr. Moyer's professional practice has spanned a variety of clinical arenas, including manage care, private inpatient for adolescents, private practice,

hospital management in both the private and public sectors. He was one of the original responders to the World Trade Center and served as a mental health director at Ground Zero. Due to the impact of these experiences, Dr. Moyer subsequently joined the Army and served on active duty with Army Special Operations Command (Ft. Bragg) as an Operational Psychologist, with tours in both Iraq and Afghanistan. He received a Bronze Star for Afghanistan. After his tours of active duty, Dr. Moyer worked as the Deputy Command Psychologist for the JFK Special Warfare Center and School at Fort Bragg, and Deputy Chief of Behavioral Health at Lyster Army Health Clinic at Fort Rucker. Areas of interests are PTSD, Chemical Dependency, Assessment and Selection of Special Operations Personnel, S.E.R.E. Psychology, and performance enhancement. Dr. Moyer also has an extensive history of training/supervising Psychologists. He has taught at both the undergraduate and graduate levels, and supervised numerous students and license-pending Psychologists. Dr. Moyer currently remains in the Army Research as a LTC assigned to USSOCOM. He is also a S.E.R.E. Psychologist. Within the VA, Dr. Moyer serves as a staff psychologist at our Delaware CBOCs. Dr. Moyer is actively licensed in NC, FL, and AL.

**Gerd Naydock, Psy.D.**

Dr. Naydock has been with the Wilmington VAMC since 2019 and serves as the psychologist on the home-based primary care team. He previously worked at the Philadelphia VAMC as an outpatient therapist and suicide prevention case manager. Dr. Naydock is himself a US Marine Corps Veteran and served on active duty during from 1979 to 1984. His primary theoretical orientation is cognitive-behavioral. Dr. Naydock received his doctorate in clinical psychology from the Philadelphia College of Osteopathic Medicine and holds a master's degree in clinical social work from Bryn Mawr College where he received extensive training in psychodynamic therapy. He completed his APA-approved internship at the Center for Brief Therapy, Philadelphia College of Osteopathic Medicine. Dr. Naydock has over 25 years of independent clinical practice in both the private and public sector to include community mental health, private and group practice, managed care, corrections, as well as home health and hospice. His research interests include suicide prevention, sleep disorders and resilience.

**Susan Needham, Ph.D.**

Dr. Needham has been with the Wilmington VAMC since 2007 and served for 9 years as a psychologist on the home-based primary care team, served on the Primary Care-Mental Health Integration team, and is now the based in the Geropsychology/Palliative care team. Her primary theoretical orientation is cognitive-behavioral. Dr. Needham received her doctorate in clinical psychology from Northwestern University Medical School and holds a master's degree in general/experimental psychology from Villanova University. She completed her internship at the Boston VAMC. With over twenty-five years of experience in clinical practice, health education, and advocacy, Dr. Needham has served on a number of national committees and workgroups developing policy and education related to behavioral health and has served as a mentor to psychologists new to the practice of psychology in home-based primary care. Dr. Needham additionally serves as this facility's Evidenced Based Practices (EBP) Coordinator.

**Joan Ryan, Psy.D.**

Dr. Ryan serves the Wilmington VAMC as a staff psychologist on the Behavioral Health Interdisciplinary Program (BHIP) Team. She received her Psy.D. and M.A in clinical psychology

from Widener University's Institute for Graduate Clinical Psychology and her B.A. in psychology from the University of Pennsylvania. She completed her pre-doctoral internship at Widener University Counseling Center and post-doctoral training at St. Joseph's University Counseling Center. Dr. Ryan's clinical and research interests include recovery-oriented mental health services; measurement-based care; the holistic approach to care by interprofessional teams; cognitive behavioral therapy, motivational enhancement, exposure therapies, dialectical behavioral therapy and brief psychodynamic therapy. She specializes in the treatment of co-occurring mental health and substance use disorders and thought disorders.

**Kristin Salber-Black, Ph.D.**

Dr. Salber-Black serves the Wilmington VA as the Military Sexual Trauma (MST) Coordinator and as a staff psychologist on the Recovery Clinic team. Her primary theoretical orientation is cognitive-behavioral. Dr. Salber-Black received her Ph.D. in clinical psychology, with a concentration in health psychology, from Drexel University. She also holds an M.S. in psychology from Drexel and a B.A. in psychology from Villanova University. She completed her predoctoral internship at the Syracuse VA and a postdoctoral fellowship in Primary Care Mental Health Integration at the Philadelphia VA. Dr. Salber-Black's clinical and research interests include mood and trauma-related disorders, adjustment to chronic illness, the provision of interprofessional care, and the use of evidence-based psychotherapies including Problem Solving Therapy, Cognitive Processing Therapy, Prolonged Exposure, and CBT for depression, insomnia, and chronic pain.

**Michelle Washington, Ph.D.**

Dr. Washington received her doctoral degree from Texas A&M University. She completed her pre-doctoral internship at Dutchess County Department of Mental Hygiene. Additionally, she holds a Neuropsychology Postdoctoral Certificate from Fielding Graduate University. She is a licensed psychologist in Virginia and Washington, DC. Dr. Washington specializes in the assessment and treatment of PTSD and is a member of the Polytrauma Team. She is certified in Prolonged Exposure and Cognitive Processing Therapy for the treatment of PTSD. She is also a national trainer/lecturer in Dialectical Behavior Therapy. Prior to working at the VA, Dr. Washington served as a forensic inpatient psychologist and Director of Psychology Services at St. Elizabeth's Hospital in Washington, DC as well as a clinical research therapist with Yale University studying dual-diagnosis treatments.

**Joseph Wright, Ph.D.**

Dr. Wright is a licensed psychologist who specializes in evidence-based treatments for mood and anxiety disorders. Prior to joining the staff of the Wilmington VA, Dr. Wright served as a psychologist for 16 years in the Department of Psychiatry at the University of Pennsylvania's School of Medicine. He holds a Ph.D. in clinical psychology from Virginia Tech and a master's degree in general/experimental psychology from Villanova University. Dr. Wright completed his pre-doctoral internship training at the University of Virginia's School of Medicine and a post-doctoral fellowship in cognitive therapy at the University of Pennsylvania. He is a Diplomat in the Academy of Cognitive Therapy (ACT).

**Claire Wu, Psy.D.**

Dr. Wu received her doctoral degree from the Institute of Clinical Psychology at Widener University. She completed her pre-doctoral internship at the Widener University Counseling Center. Prior to arriving at the Wilmington VAMC, Dr. Wu worked for a number of years as a Staff Psychologist within the Federal Bureau of Prisons. She has also worked for Rutgers University's University Correctional Health Care Division as a Psychologist within the New Jersey Department of Corrections. Areas of clinical interests include Dialectical Behavioral Therapy, Recovery-Oriented evidenced-based practices, suicide risk management, trauma-related disorders, multicultural psychological treatment, and comprehensive psychological assessments. Dr. Wu currently serves as the Director of Training and as a member of the Psychology BHIP team. Dr. Wu is licensed in Delaware.



## **Appendix A**

### **Wilmington VA Medical Center Psychology Internship Program Intern Right to Due Process**

The purpose of due process is to inform and provide a framework for the resolution of conflicts with respect to what interns can expect in regards to a response to disputes, complaints and appeals. The Training Committee would like to reassure interns that decisions are not arbitrary or personally-based. If at any time an intern disagrees with the sanctions, the intern can implement the Appeals Procedures, delineated below.

#### **Definitions**

##### **Problems of Internship Completion**

A problem of internship completion is defined as a situation that may raise questions about completion of the internship training year. These situations can include an extended illness, loss of staff, pregnancy, personal problems, changes in the delivery of services, major changes in rotations, changes in career plans, etc. The priority of the Psychology Internship Program is placed on supporting the intern in successful completion of the internship while maintaining the integrity of the internship program. If such a problem develops, it is expected that the Training Committee and the intern will form a mutual problem solving relationship. If completion of the training year is in question and/or there is an anticipated delay in completion, the Director of Training (DOT) at the intern's graduate program will be contacted and included as an integral part of the problem solving process. Appropriate documentation will be utilized to fully capture the nature and extent of the problem, as well as clearly defining expectations for remediation.

In the unusual event that an intern cannot complete the minimum time commitment (i.e., 2080 hours) within the one-year period due to a problem, the intern will be required to make up this time on a "without compensation" (WOC) basis after the official training year concludes for program completion.

##### **Problems of Professional Competence**

The Psychology Training Committee at Wilmington VA Medical Center is committed to supporting our Interns. The Training Committee emphasizes interns' professional development and positive growth as future psychologists. Occasionally, there may be interference in an intern's ability to function professionally. Further, although rare, an intern may be deemed to have insufficient competency based upon standardized evaluation of specified competency areas.

Intern evaluations are completed quarterly, with competency rated on a scale between 1 (Novice level) and 7 (Post-Doctoral exit level). It is expected that most interns will progress from ratings of 3 to 5 over the course of the training year. By the 3-month evaluation point, interns are expected to achieve ratings of 3 or higher on all behavioral elements. By the 6-month evaluation point, interns are expected to achieve ratings of 4 or higher on at least 50% of all behavioral elements. By the 9-month evaluation point, interns are expected to achieve ratings of 5 or higher on at least 50% of all behavioral elements. And by the 12-month evaluation point, or end of internship, interns are expected to achieve ratings of 5 or higher at least 75% of behavioral elements. Interns

who are performing below these expectations will be given the opportunity to make a change to their learning plan and/or remedial actions may be taken. By the 3-month evaluation period, any evaluation score of 1 will always initiate a remediation plan. After the 3-month evaluation period, any evaluation scores of 1 or 2 will always initiate a remediation plan.

In addition to above describe competency related concerns, an intern might also demonstrate inability or unwillingness to acquire and integrate professional standards into the intern's repertoire of professional behavior; an inability to acquire professional skills that reach an acceptable level of competency; or an inability to control emotional factors which lead to dysfunctional reactions and behaviors disruptive of professional function. More specifically, behaviors typically become identified as problematic when they include one or more of the following characteristics:

1. The intern does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training.
3. The quality of services delivered by the intern negatively impacts patient care.
4. The problem negatively impacts other interns.
5. The problem extends beyond one area of professional functioning.
6. A disproportionate amount of attention by training personnel is required.
7. The intern's behavior does not change as a function of feedback, remediation, efforts, and/or time.

### **Overview of Procedures Related to Due Process**

During orientation, interns are informed about expectations regarding appropriate behavior, the developmental nature of training and the expected progression of knowledge, skills and abilities. Interns are informed about how and in what domains they will be evaluated. This includes when the evaluations will occur and by whom. The Training Committee will communicate early and in writing when necessary if an intern is suspected of experiencing difficulties that are significantly interfering with performance during the Internship year. This communication occurs with both the intern and the intern's graduate school program. When appropriate, the Training Committee will institute a learning plan for identified problems. This plan will include a time frame for rectifying the problem and the consequences of not addressing the problem. If an intern decides to appeal the decision of the Training Committee, this must be done in writing. The intern will be given sufficient time to make an official appeal. The Training Committee will put all decisions in writing, including the plan for remediation. This document will include the rationale for the action. This will be provided to the intern and the graduate program.

### ***Notice***

When it is necessary to implement a remediation process, the Training Committee attempts to balance the needs and concerns of the intern, professional standards, the integrity of the internship program and the impact on the other trainees. When a supervisor identifies that an intern is displaying problematic behavior which is in need of remediation, the least restrictive intervention will be utilized before moving to more serious degrees of remediation. Once aware of the problem,

the Training Director (TD) will begin a review process and the intern will be informed of this review. Dependent on this review, the actions taken can include:

1. Oral Warning The intern will be informed that there is a problem and that the behavior in question needs to be discontinued. There is no written record of this step. Should expected changes not be demonstrated within 2 working weeks, the intern will be served with an official written statement.
2. Written Statement: Should the oral warning effectuate no change after 2 working weeks, the Training Committee will have 5 working days to serve the intern with an official written statement. The statement will include :
  - The foundational or functional competence that this behavior impacts
  - A description of the behavior or performance that is associated with the unacceptable rating
  - The expectations for acceptable performance and the intern's responsibilities or actions needed to be completed to remedy the problematic behavior
  - The responsibilities or actions the supervisor will complete to assist in the process
  - The timeline for correcting the problem, which will vary based upon the severity and nature of the problem.
  - How and when the corrected behavior will be assessed
  - The consequences for unsuccessful remediation
  - Notification that the intern has the right to appeal the action

The intern's Director of Training (DOT) from the graduate training program will be emailed a copy of this written statement immediately after discussion with the intern; however, the written statement will not be a permanent part of the intern's file. This will be immediately removed when the situation is addressed and the intern completes the internship successfully.

If the identified problem is not successfully corrected by the specified timeline, the Training Committee will meet within 5 working days to determine the intern's probation/remediation needs. Intern will be provided with a Probation/Remediation memorandum within 5 working days of this meeting.

3. Probation and Remediation: This is a time-limited and closely supervised period of training designed for the intern to meet a functional level of competency regarding the professional behavior(s) involved. In cases where probation and remediation are deemed necessary, the intern's graduate training program will be informed via email and immediately after the intern is informed. During the remediation process, an intern's schedule is modified to assist the intern in responding to personal reactions to environmental stressors with the full expectation that the intern will complete the internship. This may include a leave of absence (with time to be made up at no cost to the government). Modification may also include:

- A more closely scrutinized supervision time conducted by the regularly scheduled supervisors in consultation with the Training Committee
- A change in the format, emphasis, and/or focus of supervision
- A reduction in the intern's clinical or other workload
- A requirement of completion of specific academic coursework

The Training Committee will determine the duration and termination of the probationary period. If it is determined that there has not been sufficient improvement to remove an intern from probationary status, the members will implement the stated consequences. A memorandum will be sent to the intern informing him or her that the conditions for terminating probation have not been met and the course of action taken by the training committee. If at any time an intern disagrees with the aforementioned sanctions, the intern can implement the Appeals Procedures, delineated below.

Consequences for unsuccessful remediation may include:

1. The continuation of the probation for a specified period of time
2. The intern may be placed on Administrative Leave for a limited time and be suspended from engaging in certain professional activities until there is evidence that the problematic performance in question has been rectified. Administrative leave is only recommended in cases where a determination has been made that the welfare of the intern's patients or consultation sources has been jeopardized. Administrative Leave denotes the temporary withdrawal of all responsibilities and privileges at the medical center for a specified period of time. At the end of the suspension period, the Training Committee and relevant hospital staff (i.e. Chief of Psychology, Associate Chief of Staff of Behavioral Health, Designated Education Officer, and Chief of Staff) at the Wilmington VA Medical Center will assess the intern's capacity for returning to provide direct services.
3. The Training Committee may inform the intern and relevant hospital staff that the intern will not successfully complete the internship if the intern's problematic performance does not change. If by the end of the training year, the intern has not successfully completed the training requirements, the Training Committee may recommend that the intern not graduate from the program. The intern will then be informed of internship noncompletion. The intern's graduate training program will be informed that the intern has not successfully completed the program. The Training Committee may specify to the graduate program or licensing board the settings in which the former intern can and cannot function adequately.
4. The Training Committee may inform the intern that the Committee is recommending that the intern be terminated immediately from the internship program and the above specified entities may move to terminate the intern from the program.

Dismissal from the internship denotes the permanent withdrawal of all medical center responsibilities and privileges. The decision is made after an especially serious breach of conduct, when physical or psychological harm to a patient is imminent, and/or reasonable efforts to rectify a significant deficiency have been unsuccessful. If at any time an trainee disagrees with the aforementioned sanctions, the intern can the Appeals Procedures, delineated below.

### ***Hearing and Appeal Procedures***

Interns will be allowed continuous opportunity to respond to the aforementioned notifications. In the event that an intern does not agree with any of the aforementioned notifications, remediation process, sanctions, or the handling of a grievance – the following appeal procedures will be followed:

1. The intern will file a formal appeal in writing, with all supporting documents, to the Associate Chief of Behavioral Health. The intern must submit this appeal within 5 working days from their official notification of any of the above (notifications, remediation process, sanctions, or handling of a grievance).
2. Within five working days of receipt of a formal written appeal from an intern, the Associate Chief of Behavioral Health will consult with the Chief of Psychology, members of the Psychology Training Committee, and the Designated Education Officer to decide whether to implement a Review Panel or respond to the appeal without a Panel being convened.
3. In the event that an intern is filing a formal appeal in writing to disagree with a decision that has already been made by the Review Panel and supported by the Associate Chief of Behavioral Health, then that appeal is reviewed by the Chief of Staff in consultation with the Psychology Training Committee and Designated Education Officer. The Chief of Staff will determine, within 10 working days, if a new Review Panel should be formed to reexamine the case, or if the decision of the original Review Panel is upheld. Intern will be notified immediately upon determination.



## **Appendix B**

### **Wilmington VA Medical Center Psychology Internship Program Intern Grievance Procedures**

The Wilmington VA Medical Center treats interns with dignity and respect, and hold them accountable to the same professional standards as staff and faculty. We promote collegial relationships with our interns and support them in their professional development. As such, we understand that, although not common, occasionally an intern may experience a conflict during their internship year. This might include a conflict with a rotation, conflicts between intern and supervisor/staff member, general dissatisfaction with any training experience, or any other global concerns. The Training Committee expects that the majority of problems can be dealt with directly. As professionals, we expect that an intern will first attempt to handle any grievance directly through direct communication. However, it is also understood that this is not always possible. The following identifies the steps an intern should take if there is a grievance against a supervisor or other staff.

#### **Informal Grievance**

It is expected that most problems can be resolved through an informal process. The informal process is face-to-face and oral, thus no written documentation will be generated, preserving all the parties' confidentiality.

1. Intern should request a meeting with the primary supervisor and inform supervisor about the intern's concerns. This meeting should occur within 5 working days of the request.
2. If the situation cannot be resolved through direct communication, then either the supervisor or the intern can request that the Training Director act as a mediator or request that a mediator be assigned to assist in resolution through discussion. This request should be made within 5 working days of the above meeting and a mediation meeting should be convened no later than 2 working weeks of the receipt of the request. A mediator may also make recommendations. An intern may request to change rotations or other training experiences. All changes must be discussed by the Training Committee and a decision made no later than 1 working week of the receipt of the request.

#### **Formal Grievance**

If the above attempts are unsuccessful or if the intern would like to engage in a formal process, the intern may also file a formal grievance in writing with the Training Director or with the Chief of Psychology if the grievance is regarding the Training Director. The following steps will be taken in the case of a formal grievance:

1. The Director of Clinical Training at the intern's graduate school will be informed about the grievance in writing within 5 working days.
2. The Training Committee will meet with the intern and an intern representative if the intern chooses, within 5 working days of the receipt of the grievance.
3. The Training Director will attempt to resolve the issues addressed in the formal written grievance within 2 working weeks of the meeting and may consult with the

Training Committee, the Chief of Psychology, Associate Chief of Staff of Behavioral Health, and Designated Education Officer (DEO) as deemed necessary.

4. If the grievance is against a member of the Training Committee, that person must excuse him or herself from the decision making process.
5. An intern's professional development is very important in the decision making process. Recommendations by the Training Committee may include a change in the program structure, a change in supervisors, or a change in rotation.
6. If the intern remains dissatisfied with the resolution, the intern has the right to appeal through the procedures outlined in the Appeal Procedures or informing his or her graduate program, the American Psychological Association, and the Association of Psychology Postdoctoral and Internship Centers.